

APPENDIX D  
SAMPLE MESSAGE  
DIVING MISHAP/HYPERBARIC TREATMENT/DEATH REPORT SYMBOL  
OPNAV 5102-5

1. General

The format below is to be used in reporting diving mishaps involving hyperbaric treatment, lost time case, or death as discussed in Chapter 8. Submit as much of the information as available. Submit supplementary reports as necessary. OMIT ITEMS THAT DO NOT APPLY OR ARE NOT RELEVANT TO THE MISHAP.

2. Content and Format

(Precedence - normally ROUTINE. See paragraph 802b(2) when higher precedence is required.)

FROM: REPORTING ACTIVITY

TO: NAVSAFECEN NORFOLK VA//02/14/20/30/40/50/70/80/054// (R)

INFO: COMNAVSEASYS COM WASHINGTON DC

NAVXDIVINGU PANAMA CITY FL

NAVMEDRSCHINSTITUTE BETHESDA MD

(Others as directed by higher authority)

UNCLAS FOUO //N05102// (Or appropriate classification as necessary)

SUBJ: DIVING MISHAP (REPORT SYMBOL 5102-5)

MSGID/GENADMIN/MSG ORIG/SER NO./MONTH// (A)

REF/A/DOC/OPNAV/23OCT87// (R)

AMPN/OPNAVINST 3150.27 NAVY DIVING PROGRAM// (A)

REF/B/OPNAV/03MAR89// (R)

AMPN/OPNAVINST 5102.1C MISHAP INVESTIGATION AND REPORTING// (A)

REF/C/(If follow-up message, refer to DTG of previous report) (R)

NARR/THIS IS A (LIMITED/GENERAL) USE SAFETY MISHAP REPORT TO BE USED ONLY FOR SAFETY PURPOSES PER OPNAVINST 5102.1C.// (R)

R) RMKS/1. PER REFS A AND B, THE FOLLOWING INFORMATION IS  
SUBMITTED:

A. ALFA:

(1) UIC OF REPORTING ACTIVITY

R) (2) TYPE OF MISHAP (Hyperbaric treatment, 24 hours  
lost work/diving death)

(3) LOCAL DTG OF MISHAP

(4) UIC OF DIVER'S PARENT ACTIVITY

(5) EVOLUTION AT TIME OF MISHAP (Brief scenario of  
diving operation)

B. BRAVO:

(1) DIVING SYSTEM UTILIZED (Include type of diving  
system deployed and description of equipment  
malfunction if applicable)

(2) BREATHING GAS PERCENT (He/N2/O2)

(3) LEFT SURFACE (hour/min.)

(4) MAXIMUM DEPTH OF DIVE FSW (actual depth + five  
feet)

R) (5) BOTTOM TIME AND SCHEDULE, IF REPETITIVE  
DIVE, LIST SURFACE INTERVALS AND SCHEDULES OF  
ALL DIVES.

(6) REACHED SURFACE TIME (hour/min.)

A) (7) AIR TEMP/WATER TEMP/PURPOSE OF DIVE/DIVE  
PLATFORM

C. CHARLIE: REPORTABLE INJURIES

R) (1) NAME/SSN/NOBC OR NEC/AGE/SEX/HT/WT

R) (2) RANK/DESIGNATOR/RATE/GRADE/SERVICE

(3) ONSET OF SYMPTOMS (month/day/hour/min/depth,  
date numerically in two digits, and depth in  
four digits)

(4) TYPE OF SYMPTOMS (gas embolism, DCS TYPE I OR  
II, etc.

- (5) RECOMPRESSION STARTED (month/day/hour/min/depth, date numerically in two digits, and depth in four digits)
- (6) FIRST RELIEF (month/day/hour/min/depth) (R)
- (7) REACHED MAXIMUM TREATMENT DEPTH (month/day/hour/min/depth) (R)
- (8) TIME OF COMPLETE RELIEF (month/day/hour/min/depth) (R)
- (9) LEFT MAX TREATMENT DEPTH (month/day/hour/min/depth) (R)
- (10) COMPLETION OF TREATMENT (month/day/hour/min) (R)
- (11) RECURRENCE NUMBER (0 would indicate no recurrence, 1 indicates first recurrence, etc.)
- (12) TREATMENT TABLE USED (for recurrences, state all tables, i.e., 5, 6, etc.) (R)
- (13) DIAGNOSIS (R)
- (14) TYPE OF DRUGS USED IN TREATMENT (R)
- (15) OXYGEN PARTIAL PRESSURE USED IN TREATMENT IN TENTHS OF ATMOSPHERES (numerically in two digits)
- (16) TREATMENT OUTCOME (complete relief, substantial relief, no relief, fatal, etc.) (R)
- (17) TREATED BY: (MDV, DMO, DMT, etc.) (A)
- (18) NUMBER OF DAYS AWAY FROM WORK (expected) (A)
- (19) NUMBER OF DAYS RESTRICTED FROM DIVING (expected) (A)

D. DELTA: CAUSE OF MISHAP (Personnel error, supervisory error, unsafe condition, improper procedure, material failure, improper design, environment, unknown or combination of the above.) (R)

E. ECHO: NARRATIVE (Chain of events leading up to, through and subsequent to mishap. Explain how each causative factor reported in paragraph DELTA contributed to the mishap. Be specific, giving recommendation and lessons learned. Indicate if JAG Manual investigation is, or will be initiated).// (R)